

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035307

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS SIDE

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED SEP 18 1963

## 1. PLACE OF DEATH

a. COUNTY

Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)

Fulton

Length of stay in 1b

2 Mo-18 Da

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

State Hospital No. 1

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Lewis

c. CITY

OR TOWN

Monticello

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

Rural Route

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Mary

Middle

F

Last

McCutchan

## 4. DATE OF DEATH

Month

Day

Year

September 8, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-2-1889

## 9. AGE (last birthday)

73

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

home

## 11. BIRTHPLACE (City and state or country)

Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Joel T. Wilkinson

## 13b. MOTHER'S MAIDEN NAME

Sophia Lindauer

## 14. NAME OF HUSBAND OR WIFE

John R. McCutchan

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

State Hospital No. 1, Fulton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Lung, left lower - aspiration pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Chronic Brain Syndrome

## DUE TO (c)

Brain Leuko-encephalitis (Clinical History of)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

State Hospital No. 1 6-20-1963

9/8/1963

## 21. Attended the deceased from

Death occurred at

6:15 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Fred P. Handlen MD

## 22b. ADDRESS

Fulton, Missouri

## 22c. DATE SIGNED

9/9/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

10 Sept 63

## 23c. NAME OF CEMETERY OR CREMATORY

Lion's Hill Cemetery

## 23d. LOCATION (City, town, or county)

Near Monticello, Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

Browning Funeral Home, Fulton, Mo

## 25. DATE RECD. BY LOCAL REG.

Sept 8-1963

## 26. REGISTRAR'S SIGNATURE

Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300

Rev. 4/59

1 0147

2 0560

3

4 1

5 1

6

7 0

8 1

9 343X

10

11

12 93-0

13 1-0

DEC 12 1966

7410  
- 0320

STATEMENT BY LICENSED EMBALMER

0-28

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Denzil E. Browning

Licensed Embalmer No. 2724

P. O. Address Fallon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.